

CLAIMS ONLY

SERIAL NO. *10074921* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4	1					
5		1				
6		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	1					
TOTAL CLAIMS	6					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(For use with Form PTO/SB/06)

Application Number

Filing Date
01/07/2002

Applicant(s)

KATHY L. RUNGE

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	X						51					
2		X					52					
3		X					53					
4	X						54					
5		X					55					
6		X					56					
7							57					
8							58					
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42							92					
43							93					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	4						Total Depend					
Total Claims	6						Total Claims					

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02/14/02